MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DESCRIPTION OF A SHIPTING

north the little According to the Section of the Sect Berthall .. LEENU V. E. 8361 9 NA.

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VS A15 (4) 15M 9/55 精

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
V 1000 00 101 1				

2471 CERTIFICATE OF DEATH

Reg. Dist. NJ. 2365 ()

1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceose		on: Residence be	fore admissi	ion)
a. COUNTY	ashington	MARYLAND	a. STATE Mary	land	b. COUNTY	Washin	gton	
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	orote limits, write Rt	JRAL and give n	earest lown)
Hage	rstown	5 weeks	03 Hagers	town				
d. NAME OF HOS	PITAL (If not in haspital, give street	oddress)	d. STREET ADDRESS				e. IS RES	DENCE FARM?
	gton County Hosp:		40 Pin C	ak Ter	race			NO B
3. NAME OF	first	Middle	Last	4. DATE	Mon	th (Dov	/ear
DECEASED (Type or print)	ROLAND	_	BARNFATHER	OF DEATH				958
5. SEX	6. COLOR OR RACE 7. MAR	RIED A NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 YEA		
Male	White wow	ED DIVORCED	June 12, 19	02	55 yrs.	Months 27	Haurs	Min.
100. USUAL OCCUPA	TION (Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SI	ate or fareign	country)	12. CITIZEN	OF WHAT	COUNTRY
		Junior College	Pittsf	deld.	Mass.	U.S	.A.	
13. FATHER'S NAME		V 41.00- VV 41.00	14. MOTHER'S MAIDE					
Irv	ing J. Barnfathe	r		Helen	H. Helder	mess		
15. WAS DECEASED	EVER IN U. S. ARMED FORCES? 16.		INFORMANT		Addr			
Yes no, or unknown)	We We II	M	rs. Jeanette	Barmf	ather Has	gerstown	. Mar	wland
	DEATH [Enter only one cause per li		- /	1 1 1	/	~	TERVAL BE	
	DEATH WAS CAUSED BY	0000000	Fehr	tita	1	OI	NSET AND	DEATH
591	IMMEDIATE CAUSE (a)	· O O	0/0	0			1	V
4271	DUE TO (Promis	(in)	New	0		7	
Conditions, it		0,000,000	1000	7				
couse (a), stati								
lying cause la							1.0	
PART II.	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GIV	'EN IN PART I(a)	PERFO	RMED?
OR CONTRIBUTI	WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture af injury	in Part I or Pa	ort II of item 18.)			
3 20c. TIME OF IN	JURY Month, Day, Year 20d.		ACE OF INJURY (Hame,		ty or town)	(Count	γ)	(State)
20c. TIME OF IN	10	Nun white	actory, street, office bldg.,	elc.)	R	_		
	That hattended the decea	and from X (A)	1, 19 0 to	til	105	that I last	saw the	decense
	19's	E- ()/	h accurred at /1/	PM for				
alive on_	200	and mar dean	il accorred diskassis		Street, city or lawn,			ATE SIGNE
ACTUAL SIGNATURE	A XI De	hour	410	gus	Jun	Ma	tu	19/1
SIGNATURE	1		M.D	(-)				
PHYSICIAN'S NAME (Type)	J.H. Ber	caley			(
220. BURIAL, CREMA		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, tawn, a	ar county)	(Stat	e)
Burial (Spec	2/13/1958	Gardener Ear	1 Crematory	Tr	oy,	New Y	ork	
23. FLINERAL DIRECT	ors signature neral Hor	ADDRESS		REC'D BY REGI	STRAR 24b. REGIS	STRAR'S SIGNAT	TURE	
D 500	Khi Rouser	Hagerstown,	Md DATE	SER 1 3 '	58 000	()	7	

CERTIFICATE OF DEATH.

BUREAU V. S.

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 1	8
OAMO			

2472	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 4362

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (V	/here deceased lived. If instituti	ani Residence before admission)
Washington	MARYLAND		land	Washington
CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		autide carporate limits, write R	URAL and give nearest lawn)
Hagerstown	7 days		agerstown	to proupping
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	1 20 . 1	e. IS RESIDENCE ON A FARM?
Washington County Hospi	tal	1821 Homev		YES NO 🔼
3. NAME OF DECEASED (Type or print) ROBERT	MC KEAGE	BARR, SR.	4. DATE Mor OF DEATH Februar	y 6 1958
5. SEX 6. COLOR OR RACE 7. MARR	IED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED	May 10, 1892	lost birthdoy) 65 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stol	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Mechanic	Railroad	Hollidays	burg, Penna.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Tra C. Barr		Jane F	Bracken Mc Keag	e
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14.	SOCIAL SECURITY NO. 17.	NFORMANT		ress
	.62-12-7522 M	rs. Daisey Ba	err Hagerst	own, Maryland
18. CAUSE OF DEATH Enter only one couse per lin	ne_for (a), (b), and (c).)			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	Cor Rulmin	le + Congeste	ve Failure	ONSET AND DEATH
5 2 7 / DUE TO	1	^		
Conditions, if any, which)	silvenery !	Enghama	+ Fibrosis	4 years
gove rise to immediate DUE TO	1	1		
cause (a), staring the under-				1.0
(6)	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CCATI				YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	D. (Enter noture of injury i	n Port I or Part II of item 18.)	
ZOC. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 at world at world with the control of	_ Not while fo	ACE OF INJURY IHome, for octory, street, office bldg., e	rm. 20f. (City or town)	(County) (State)
21. I certify that I attended the decease	ed from 1-22	, 19.5°Y, to	2 - 6 19 5	that I last saw the decease
				and an the date stated above
Olive on Education and the Color, 12-3	, dita mai deali	1 accorded ac-727	ADDRESS (Street, city or town,	
SIGNATURE Of Turce			(,	
SIGNATURE		M.D		
PHYSICIAN'S NAME (Type)				
22g. BURIAL, CREMATION, 27b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial 2/8/1958	Edge Hill C	emetery	Charlestown	, W. Virginia
23. Suter Rouzer Funeral Hor	ne Hagerstown		C'D BY REGISTRAR 246 REG	ISTRAR'S SIGMATURE
R. Fipukhin Perger		DATE	070	11

On on . BUREAU V. S. FEB 10 1953

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

25°9 CERTIFICATE OF DEATH

Reg. Dist. No. 458

1. PLACE OF DEATH o. COUNTY	shington		N	ARYLAND	2. USUAL RE o. STATE	Maryl	here decesse and	d lived. If in b. CO	I III OTAL		ing		m)
RURAL and give t	(If outside corporate limineorest lawn)	ts, write	c. LENGTH OF S	TAY IN 1b		TOWN (IF	•	orate limits, w	rite RU	RAL and	give near	est fown)	
	ITAL (If not in hospital, o	ive street			d STREET	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	الما ماد ماد ماد	1 401 0				ON A F	ARM?
3. NAME OF DECEASED (Type or print)	Alfr	•	Ear	iddle	Bet	ts	4. DATE OF DEATH	Fe	Manth	h	Doy 1.8		958
5. SEX Male	White	7. MARE	_	ARRIED C	April	тн 1 18	84	9. AGE (In last birth	years day) yrs,	Manths 10	Poys I	Hours	24 HRS, Min.
during most of wo Handyma	ION (Give kind of wark or rking life, even if retired .M.	done 10b.	KIND OF BUSINE	SS OR INDU	71		or foreign o	-		12. CI	USA	WHAT C	OUNTRY?
13. FATHER'S NAME					14. MOTHER	'S MAIDEN I	NAME						
	Robert E	. E	Betts			Lav	inia	Taylo	or				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	Social SECURITY		rs. Cl		Cline	+3	Addre		e Ma		
ZOD ACCIDENT W	the under-) DITIONS_(CONTRIBUTING TO							EN IN PAR		WAS AI PERFOR YES	MED?
20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Doy, Ye	While of wor	ed from 2	118	ACE OF INJURY clory, etreet, off	to	2 //	8/3	ses ar	"that I		e states	(Stote)
PHYSICIAN'S NAME (Type)		1	1				7	1	. ,				/
	ON 1295 DAYE THERE		Im. Nation	CEMETRAL	a carry to a		1224 100	NON SEC					
220. BURIAL, CREMATI REMOVAL (Specify	u)	-58	22c. NAME OF		r crematory Demete	ry	22d. 100 Will	TION (City, I			ryl	(Stote) and	

CERTIFICATE OF DEATH

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02460 **CERTIFICATE OF DEATH** 2474 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY WAShington **b** COUNTY MARULAND MARYLAND WAShington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 64125. HARGERSTEWN HAROCKSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? 624 JAIGH AVE JAIEM YES NO S NAME OF Middle 4. DATE Year DECEASED Claren (Type or print) DEATH 19 58 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys NOV WIDOWED T DIVORCED T popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? SEVENS FOUNTMINS OWN home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Murich Tilor REBECCA 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 6245 Address dosEph E, Clem NONG Mo HMOGRESTOWN, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which ! gove rise to Immediate DUE TO cottse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? YES NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) Hour o. m. foctory, street, office bldg., atc.) While Not while of work of work 21. I certify that I attended the deceased from, . 1950 that I last saw the deceased and that death accurred at 2. M, from the causes and an the date stated above. ADDRESS (Sirbet, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22- NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Detirck. Vinginia 1 Trains 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS /CC/ 24a RECIPIEN REGISTRAR 24. REGISTRAR'S SIGNATIONE ChmoEl GERSTUMN / DATE 15M 9/55 Ula Co. Storot. U-Pres

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CERTIFICATE OF DEATH 2475 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH Washingten b cowaskingten TO O MARYLAND aryland b. CITY OR TOWN (If outside corporate limits, write Funeral c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate timits, write RURAL and give nearest town) ź RURAL and give nearest town) pluods Kagerstewn Karyland Kagerstewn Maryland d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Jenathan Street 406 N Jenathan Stre YES NO NO 4. DATE OF DEATH NAME OF Middle Lost Year DECEASED Filed (Type or print) lartha Annadethia 19 58 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE MARRIED TO NEVER MARRIED DATE OF BIRTH Months Days Hours DIVORCED [WIDOWED [7] 76 yrs 1881 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Beaver Creek USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Michael Rebesa James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address N. Jenathan S attending Branch 406 please 18. CAUSE OF DEATH [Enter only one couse per line fift (o), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 110 **DUE TO** permit. Conditions, if any, which 5 signed gove rise to immediate DUE TO couse (a), stating the underlying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (5101e) factory, street, office bldg., etc.) 0. m. While Not while of work of work attended the deceased from LUV 19/ 1 that I last saw the deceased 21. I certific olive on and that death occurred at .M, from the couses and on the date stated above. ECTOR: ADDRESS (Street; city of town, state) DATE SIGNED ACTUAL HOSPITAL PHYSICIAN'S W. Washington St., Hagerstown, Maryland J. Hirshman. M.D. 159 NAME (Type) FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stole) REMOVAL (Specify) may 2.-9 ROBE 01 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE '58 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

ELLEVIN K. E.

Jetore of Exale se H. Hay atrice THA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3 2476 CERTIFICATE OF DEATH Wash I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) filed · COUNTY o STATE b. COUNTY MARYLAND WASHINGT MARYLAND erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) ě RURAL and give nearest lown) Š P HAGERSTOWN ${f TREGO}$ d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? WASHINGTON COUNTY HOSPITAL TREGO WASH, CO. MD YES NON puo .≘ 3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) KAREN SHE DEATH BHCK FEBRUARY 1958 19 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS ele Months Days WIDOWED [DIVORCED [7] REMAIN popers. YIS 31 cample 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) oug NONE NONEHAGERSTOWN WASH.CO.MD ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physicio PRESTON BUCK тоуе DOROTHY PEPPLE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address g u NO NONE PRESTON TREGO CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] offen INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which permit signed gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? remova 03 has **burial**-YES 4-140 OX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) certificate 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour D. M While Not while of work of work p. m. ATTENDING
by the hasp 1958, to Fut 8 19 Pithat I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at LLALVI. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURI moy be ret PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BURTA 958 ROHRERS T.F. 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 10/57

haurs

SULTAU V. S.

EEB 13 1628

UBACECES.

HEALTH DEPT. d rector, Please or your files. Ki TO DEPUTY MEDICAL EXAMINER: This certificate shalld be executed within 114 hours often diacth. If any delay is execute the excite the experience, writing the word "pending" in pending its flem, 18. Give Pages 1, 2, and 3 to the function 4 should it wanded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL—CRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State 3 or its designated agent, prior to buriol, cremation, or removal, and in the file pages.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 112463 Reg. Dist. No.

	PLACE OF DEATH o. COUNTY	Washington	277	MARYLAND	11 5.4	Where deceased lived If aryland b Co		efore odmission)
	b. CITY OR TOWN I	f outside corporate limits, write I DOWN	URAL	LENGTH OF STAY IN 16	il	f outside corporate I mits, rstown	write RURAL and give	nearest town)
		nna Avenue	not in hosp	itol, give street oddress)	d STREET ADDRESS 1845 Per	nna Avenue		ON A FARM?
	NAME OF DECEASED (Type or print)	Charle	3]	Ellsworth I	lost	4 DATE OF POEATH	Month Doy	1958
	Male	White	VIDOWED	DIVORCED [Nov. 21,189	9. AGE (In y last berthday	Months Days	Hours Min.
100	USUAL OCCUPATION of working Me Me	ng lite, even it retired)		ND OF BUSINESS OR INDUST		e or foreign country) gton Co. Md	~~~	WHAT COUNTRY
13.	John	H. Byers			14 MOTHER'S MAIDEN Minnie	NAME Mayhugh		
15 [Ye:	WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16 S	5-12-2026	Mrs. Mary By		Penna Ave-H	agerstown
		diote couse		or (o), (b), and (c)]	occlusion_		INTE	RVAL BETWEEN ET AND DEATH
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CONDI-	IONS CON	NTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERM	AINAL DISEASE CONDITION		PERFORMED?
	200. EXTERNAL CAS PRIMARY OF OF CO CAUSE OF DEATH.	NTRIBUTING 1		HOW INJURY OCCURRED, LE	nter noture of injury in Po	rt I or Parl II of Hem 18)		Mercanisma wateria
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy Yeor	While	Not while of work	CE OF INJURY (Home, for pry, street, office bldg., etc None	m. 20f (City or town)	(County)	(Stote)
	opinion death ACTUAL SIGNATURE EXAMINER'S	resulted fram: No 8, Pale	iturol ce	emains described aboutses (\$\frac{1}{2}\$). Accident (\$\frac{1}{2}\$) Accident (\$\frac{1}{2}\$) Accident (\$\frac{1}{2}\$) Accident (\$\frac{1}{2}\$) Accident (\$\frac{1}{2}\$).	, Suicide ,	Homicide . Un XAMINER . TAL EXAMINER .	_ , , ,	DATE SIGNED
220	BURIAL CREMAT C REMOVAL (Spec fy)	N. 72% DATE THEREOF	72	2c. NAME OF CEMETERY OR Beautiful Vi		22d LOCATION (City, to		(Stote)
23	FUNERAL DIRECTOR			ADDRESS		D BY REGISTRAR 24b.	REGISTRAR'S SIGNATU	RE

VS. A15ME 5M 2/57

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2510 CERTIFICATE OF DEATH

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Rea.	Dist.	No.			

- 10-										
I	1. PLACE OF DEATH o COUNTY			2. USUAL RE	SIDENCE (Whe	re deceased	lived. If institutio	n Residence	before odm	ission}
ł	WASHING-TON		MARYLAN	Di II e e	ONAND		P COUNTY	HI'NGT	n A4	
Ī	b. CITY OR TOWN (If outside corporate lin RURAL and give nearest town)	nits, write c. LEN	GTH OF STAY IN 1			itside corpore	te limits, write RU	IRAL and giv	re nearest la	wn)
ı	A total a many of	RUZAL 2	7 Y EINES	AH X	GERST	IAW AT	Ru	RAL		
ľ	d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address) /		ADDRESS			1417		ESIDENCE A FARM?
		DAD		ECH	STIN	12 7	BLAD_			No □
I	3 NAME OF F	irst	Middle	1	.osl	4. DATE OF	Monil	h	Day	Year
L	(Type or print) FLORENC	2	5	CLA	+RK	DEATH	BRUAK	va la	Asset	1958
	5. SEX 6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8. DATE OF BI	RTH	9	. AGE (In years	FUNDER 1		
ł	FEMALE WHITE	WIDOWED [DIVORCED [Oct. 3	i- 18	74	(2 yrs	Months D	lays Hour	s Min
Ī	10a USUAL OCCUPATION (Give kind of work during most of working life, even if retire	done 10b KIND (OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (Stote o	r foreign cou	ntry)	12. CITIZ	EN OF WHA	T COUNTRY
ı	HOUSE WIFE	° 0 W	a Hom	= 44	EPHE	O C T	. IAI.	NA	11.5	la .
	13. FATHER'S NAME		4 1 10 181	14. MOTHER	'S MAIDEN N	AME	TANA AA	V	11.214	-
1	I samala)	10 20 00 01	-	0/11/1	2.1	D			
ŀ	15. WAS DECEASED EVER IN U. S. ARMED FO	RCES? 16 SOCIAL	SECURITY NO. 17		TATAT	54	Addre	255		
ı	(Yes, no. or unknown) (If yes, give war or dates of	service)	110	MILLIAM!	01	0.16.17	1167.0	be a s		A 12 a
ŀ	18 CAUSE OF DEATH [Enter only one of	IYO		CATH-THIA!	apr , C ha	HKK	THU-	RSTON	V/V_/V	12.15.
I	PART I DEATH WAS CAUSED BY	Bror	ochopneu	monia					S Wel	
1	IMMEDIATE CAUSE (10/	ic no pneu	MOTITA					o wei	eks.
	491X DUE TO	0								
۱	Conditions, if any, which a	(b)								
Ì	couse (a), stoling the under-	0								
	_	(c)								
	FAMI II OTHER SIGNIFICANT COL						CONDITION GIVE	N IN PART 1	(o) 19. WAS	S AUTOPSY ORMED?
ł	3 Arterioso								YES [NO 🚉
ı	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	41	IOW INJURY OCCUI	RED. (Enter nature	of injury in Po	ort I or Port I	l of item 18)			
1	20c. TIME OF INJURY Month, Day, You Hour o.m.			PLACE OF INJURY factory, street, off	(Home, form,	20f (City o	or fown}	(Cor	unty}	(State)
ı	A Hour o. m. 19 €	While N	ol while	tociory, sireer, ou	rce blog., elc.;					
ı	21. I certify that I attended the	e decented fre	Jan.	20, 1958	B lo Fe	b. 6	, 1958	that I la		-1
ı	glive on Feb. 6,	7 19 58	, and that dec				Aba aaa	, indi i lo:	st saw in	a deceased
ı	Olive dilatation	1	_, dila inoi det	an occorred o			el, city or lown, s			ited abave Date signer
ı	ACTUAL // R	17:00		1.			tomac		2-8-5	
	SIGNATURE	10 Luc		M.D	101	011 1 0	O O DI CO	70.	2-0-0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	PHYSICIAN'S R.A.B.	Bell, M.	D.		Hage	rston	n, Mar	yland	•	
f	220. BURIAL CREMATION. 226 DATE THERE	OF 22c I	NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	DN (City, town, or	county)	(51	ote)
	BURIAL FEB. 9.	1958 R	EST HA	VIEW C'EN	METIERY	HAC	LERSTOW	AL WE	LCB. C	0.MD
1	23 FUNERAL DIRECTOR'S SIGNATURE		DDRESS		24a. REG D	BY REGISTR	AR 246 REGIST	TRAP'S SIGN		<u></u>
	Bost Jum Dom	· · ·	MAISBARA	Mn	DATE		2401		-1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the depth certificate be executed within 24 hours ofter depth. Page 4 may be retained by the haspital an attending physician TO FUNERAL CTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 shows be detached for use as the burnol-transil permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burnol, cremation, or remayal, and in any event within 72 hours ofter depth. VS A15 (4) 15M 10/57

19E

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BUREAU V. S.

1958

BOONSBORO

ADDRESS

CEMETERY

24a. REC'

DATE

.16

23. FUNERAL DIRECTOR'S SIGNATURE

02465

e. IS RESIDENCE

Day

Days

(County)

BOONSBORO WASH CO MD

24b REGISTRAR'S SIGNATURE

in education

ON A FARM?

YES NO T

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO I

> > (State)

DATE SIGNED

(State)

Yeor

Min

O VS A15 (4) 15M 10/57

SELVES EN V. S.

02466 **CERTIFICATE OF DEATH** 2478 Reg. Dist. No. eral director, be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Washington Jarvland c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ploods Karerstown Haryland Camerstewn. d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 438 N. Jenathan Street Washington County Mespital YES NOT 4. DATE NAME OF Middle. Month Day DECEASED Coffee DEATH (Type or print) Jessie 28 19 38 6. COLOR OR RACE 7 MARRIED THE NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5 SEX B DATE OF BIRTH 9 AGE (In years lost birthday) Months Doys. Hours Colored WIDOWED DIVORCED [7] Temale 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or (greign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA. Own Reme Iousewii: 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Jean Cellin II mic maw 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address Adelphus Coffee 438 N. Jenathan Street Me ne offending edse death INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)] ā PART 1. DEATH WAS CAUSED BY: 10 Diabetes vrs IMMEDIATE CAUSE (0) 2114 Peripheral vascular disease DUE TO Acute cerebral thrombosis days Conditions, if ony, which gove rise to immediate DHE TO Acute Pulmonary emboli couse (a), stating the under-Phelibitis of femoral vein-lt lying couse lost. burial-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:01 19. WAS AUTOPSY PERFORMED? YES 🔁 NO 📋 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) None 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stole) (County) factory, street, office bldg , etc.) Hour o. m While Not while of work of work none none . 19 48 . to Feb. 28 ... 19 58 that I last saw the deceased October 21. I certify that I attended the deceased fram.... ___, and that death accurred at 9:30A M, from the causes and an the date stated above ADDRESS (Street, city or lown, stote) DATE SIGNED ACTUAL 115 N. Potomac Street S. Robert Wells, M.D. PHYSICIAN'S NAME (Type) Hegerstown Maryland 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City fown, or county) (Stote) Burial Magerstown: Marylan 3-3-1958 Rese Will 0 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VS A15 (4) DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CEASINED.

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	02468
		2479 CERTIFICATE OF DEATH	Reg. Dist. No. 302
34" b		PLACE OF DEATH o COUNTY D STATE D COUNTY D	tion Residence before admission)
E ₁		b CITY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write	
	L	hagerstown ld. 3 days hagerstown ld.	
(0)		d. NAME OF HOSPITAL (If not in hospital, give street oddress) or institution lashingt on Co. Hospital 1314 Potomac Ave.	e 15 RESIDÊNCE ON A FARM? YES NO
	3.	DI GENSED	onth Day Year
	\vdash	DWAVIE DOILOI FOOLE	
	-	Till - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	100	2020	12 CITIZEN OF WHAT COUNTRY
		during most of working life, even if refired)	USA
	13.		USA
		Gordon Dehler Jean Suttie	
1 2	15.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT. Add	dress
(1	J."	No lity yes, give wor or dotes of service) None Gordon Dehler 1314 Pot	torac ave
	F		INTERVAL BETWEEN ONSEVAND DEATH
		PART I. DEATH WAS CAUSED BY	ONSET/AND/DEATH
		DUE TO	
		(Conditions, if ony, which) the prematientity which)	2 days
		gove rise to immediate Dur To	
		lying couse last. (c)	V
	Ö	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTOPSY
1			YES THE NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CA	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY Home, form, 20f (City or town)	(County) (State)
	WEC.	p. m 19 While Not while of work of wor	
		21. I certify that I attended the deceased from 4 19 19 58 to 2/1/1 1958	,that I last saw the deceased
		alive on 2/2// 58 19 and/that death accurred at 4:30 PM, from the causes	and on the date stated above
		ADDRESS Street, gfty or town,	stole) C DATE SIGNES
		SIGNATURE / / // DECOV. M.D. 302, M. 10 TO M	AC ST YNY
1		PHYCHEAN'S	Da. 11
		NAME (Type) Hogensleller	raa.
	220	REMOVAL (Specify)	
	_	Burial 2-22-38 Rose Hill Hagerstown	
	23.	Table VEC D DI VECIDIANNE I SAD ACO	ISTRAR'S SIGNATURE
		A.A. COLIMAN 4UE. Antietala St. Date FED 24 30 CO	the suit
		The state of the s	CERTIFICATE OF DEATH 1. PLACE OF DEATH O COUNT Shington MARYLANO LOTTOR TOWN (If outlode corporate limits, write of LENGTH OF STAY IN 16) SO CHYON (If outlode corporate limits, write of LENGTH OF STAY IN 16) SO CHYON (If outlode corporate limits, write of LENGTH OF STAY IN 16) SO CHYON (If outlode corporate limits, write of LENGTH OF STAY IN 16) SO CHYON (If outlode corporate limits, write of LENGTH OF STAY IN 16) SO REET ADDRESS O STREET ADDRESS

KES SA 1928 .

EUREAU V. S.

CERTIFICATE OF DEATH Reg. Dist. No il director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b. COUNTY** Washington MARYLAND Maryland Washington death. uneral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) å Hager stown light pluods Hagerstown Md vrs. d NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION ON A FARM? ashington County Hospital Winter St. Hagerstown Md. YES NO TO NAME OF Middle 4. DATE Yeor DECEASED Charles (Type or print) Clevelend De Lounev 19 58 DEATH Feb. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Days Nov. 1.886 WIDOWED [DIVORCED [pale 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Western nd. Sharosburg Id. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Š Charles De Louney Mary Ellen James physici гетоме 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT offer Winter St. Mr. Richard De Lomey offending IN O magerstown ild. ease 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 1 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Massive pulmonary embolism, right 24-36 hrs. pulmonary artery Conditions, if pny, which Early bronchial pneumonia, right upper and middle lobes. gove rise to immediate couse (a), stating the under-Hypertensive cardiovascular disease lying couse lost PART 1). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? Cerebral arteriesclerosis YEST NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, office bldg , etc.) Hour o m While Not while of work at wark 21. I certify that I attended the deceased from February 24 19 58, to February 25 1958, that I last saw the deceased ___, and that death accurred a Q: QOP_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE MD 100 Professional Arts Bldg. 2/28/58 NAME (Type) W17 1am Hagerstown Maryland 220 BUR AL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, lown, or county] (Stole) REMOVAL (Specify) Sharosburg March View Cenetery Maryland KEIORESS 23 FONERAL DIRECTOR'S SIGHEATURE 246 REG STRAR'S SIGNATURE 240. REC'D BY REGISTRAR July - Educa VS A1II (4) 15M 9/55 DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18





ADDRESS

Waynesboro, Penna.

245 REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR DATE FFB 1 3 '50

15M 9/55

23 FUNERAL DIRECTOR'S SIGNATURE

death.

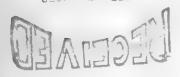


Mary		MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	. (3. 4 14) 4
e de		2481 CERTIFICA	ATE OF DEATH Reg. Dis	(12471 1. No.
B (M)		LACE OF DEATH COUNTY WASHING TON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence, STATE b. COUNTY RESIDENCE (WHERE DECEASED IN THE RESIDENCE OF THE RESIDEN	e befare admission)
id be fi	'	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) HACERS TOWN 13DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	ive nearest lown)
77 P	W	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION STERM MARILAND STATE HOSPITAL	d STREET ADDRESS 2 E, ELGER ST	on a FARM? YES NO
		AME OF First Middle ECEASED Middle BLANCHE MARIE	Loss 4. DATE Month OF DEATH FEB.	27 1958
ž d	5	EMALE WHITE WIDOWED DIVORCED	10/24/23 last birthday) Manths 34 yrs Manths	YEAR IF UNDER 24 HRS. Days Hours Min.
death.	#	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OUSE WIFE HOME	SUMMERSET, PENNA.	ZEN OF WHAT COUNTRY レ, S, A
as offer		OHN GURDON BRANT	14. MOTHER'S MAIDEN NAME ELSIE FLORENCE EMM	ERT,
72 hov	15. (Ye)	DO Of unknown) a lift was man was or distant of service)	NFORMANT Address ERALD E. FOGLE 2E, ELGER	ST. UNIVNIBI
an pleas		IB, CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 75-7800 Y TO!	MA RT, FRONTAL LOBE	INTERVAL BETWEEN ONSET AND DEATH
uit. The		198. O DUE TO Conditions, if any, which) (b)		/
sit pern		gove rise to immediate couse (a), stating the under-lying couse last.		
naval. o	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
the bu	L CERTIFI	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18)	
ematian	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PL While Not while fall of work 19 of work 1	ACE OF INJURY (Home, form, 20f (City or town) (Citary, street, affice bidg., etc.)	ounty) (State)
ched fa		21. I certify that I attended the deceased fram FEB: 14 alive on FEB: 27, 1958, and that death	, 1938, to FEB. 27, 1958, that I li	ost saw the decease
be deta		ACTUAL George Beran h.D	ADDRESS (Street, city or town, state) M.D. WESTERN MARYLAND STATI	E HOSPITA
strar pri		PHYSICIAN'S DR. CHEDRGE BERCU	HAGERSTOWN MARYL	AND.
poge 3	220	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O		(Stole)
	23	UNERAL DIRECTOR'S SIGNATURE	THE PROOF OF THE P	NATURE

1	П	MARYLAND STA	TE DEPARTM	ENT OF HEALTH—I	BALTIMORE, 18	02472
se M		2482	CERTIFICA	TE OF DEATH	Re	eg. Dist. No. 302
l director.	1.	PLACE OF DEATH o. COUNTY THIS SHING TON	MARYLAND	2. USUAL RESIDENCE (Where do o. SIATE	Favette	Residence before admission)
be pe		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside		L and give nearest town)
ne fur hoold	\vdash	d NAME OF HOSPITAL (If not in hospitol, give street oddress)	5 Mos	Hopwood d. STREET ADDRESS		e. IS RESIDENCE
this year		404 Edgewood Drive		R D # 1		ON A FARM?
es - ed	3.	NAME OF First DECEASED (Type or print) HET, EN	Middle FAYLOR	i c	ATE Month	Day Year 1958
Pog Pog	5.	The state of the s		I. DATE OF BIRTH	9 AGE (In years IF I	INDER 1 YEAR IF UNDER 24 HRS.
poletic.		Female White WIDOWED KIX	DIVORCED 🔲	Dec 26 1884	7 (5) yrs	onths Doys Hours Min
nd can in pap death.	104	during most of working life, even if retired) HOUSEWITE Type	Hone	Braceville	ign country) Ill	12. CITIZEN OF WHAT COUNTRY- USA
an an arbai	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
physician move call hours, after	15	Ralph Yeardley		Catherin		
	(Y:	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (15. 90. or unknown) (If yes, give wor or dates of service) NO		FORMANT	Address	vg br
affending within	F	18. CAUSE OF DEATH [Enter only one couse per line for (o)			re 424 Edger	
atte and with the state of the		PART I. DEATH WAS CAUSED BY.	eral 4/b.	- shape c	9502 000011 200	ONSET AND DEATH
The The		33/X DUE TO	- //			7441
وا الله الله الله الله الله الله الله ال		Conditions, if ony, which gove rise to immediate	allow!	L C. Mese	hele	
on. sis per and in		couse (a), stating the under- lying couse last.	1 Thine	sugar		
shysicies beer al-tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN I	PERFORMED?
ng p buric remo	1/4	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury in Port I	or Port II of item 18)	YES NO
ifical The The	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINER)			•	
tal ar a this cer is use a rematica	MEDICAL		CCURRED 20s. PLA while fact	CE OF INJURY (Hame, form, 20f ory, street, office bldg., etc.)	. (City or town)	[County] (State)
Office of to ol, o		21. I certify that I attended the deceased from	Jul 13	, 1958, to Je	L.17, 1958,11	at I last saw the deceased
X: A		alive an 1945)	and that death		fram the causes and	on the date stated above
d by RECTO or to		SIGNATURE LEANING MITTA	Croter	= Tun	SS (Street, city or lawn, state	DATE SIGNED
big 1		PHYSICIAN'S S. NO.			<u> </u>	
S S S S S S S S S S S S S S S S S S S		NAME(Type) = /// V/FY	PENSI	ELN		
PUN Gge	720		iend Cen		ocation (City, fown, or co vanton Garr	
2	23.	FUNERAL DIRECTOR'S SIGNATURE AD	DRESS	24a RECTIVERY 4		ett Co M.d.
VS A15 (4) 15M 10/57		Andrew K. Coffnan Hager	stown 1-d.	DATE	Jo Willia	esuch



EEB Of Tala



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

02473

ı		IFICA	IE OF L	EAIT			R	eg. Dist.	No.				
	o. COUNTY Wa.	shington		MAR	YLAND		ence (who		d lived If insti b. COUN		Residence b Tashin		ssion)
	b. CITY OR TOWN (I RURAL and give no "Illian	f autside corporate limi tarest town) ILSPORT	ls, write	8 mo.	IN 1b	_ 2	own (If a Hagers		prate limits, wri	le RURA	AL and give	nearest law	m)
	OR INSTITUTION	At (If not in hospital, g amsport San		·		d STREET A		orth A	\ve.				SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	DAIS	Y	Middle		Loss GAVI		4. DATE OF DEATH		Wonth)	Day 26	Year 19 58
	5. SEX Female	6. COLOR OR RACE	7 MARR	RIED TO NEVER MARRIED T		Nov.2		3	9 AGE (In yellost birthdo		UNDER I Y	ys Hours	
	during most of worl House	ting life, even if refired	done 10b.	Own Home	OR INDUSTR			or foreign o				S.A.	T COUNTRY
	13. FATHER'S NAME	Gra	ff			14. MOTHER'S Elmi	MAIDEN N						
	IS. WAS DECEASED EVE [Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security no None		ormant ex Gaves	122	2 Nort	h Ave.	Nddress Ha	gerst	own, M	d.
		TH [Enter only one co TH WAS CAUSED BY- IMMEDIATE CAUSE (o	1	ne for (0). (b). ond (c)	Perotic	Lea	Ad	l seas	inth	2		NTERVAL B	ETWEEN DEATH
	Candilians, if a		my	wanted	fri	lust						5 yn	+
	cottse (a), stating lying couse last.	The under- CC (c			1								
	3 Unin	any True	T i	whenter	11						IN PART 1(c	PERF	AUTOPSY DRMED?
		S UNDERLYING TO GAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY C	CCURRED. ((Enter nature of	injury in P	ari I ar Por	t II of (tem 18.)				
	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While at wor	NJURY OCCURRED Not while	20e. PLACI faciar	E OF INJURY (Fry, street, office	lome, form, bldg., etc.)	20f. (City	r or tawn)		(Caur	ity)	(Stote)
١	21. I certify th	at Lattended the	deceas		death a	, 19 <u></u>	4	M. from	n the cause				
	ACTUAL	TAM	191	by	М.	2307			treet, city or for				ATE SIGNE
	PHYSICIAN'S NAME (Type)	F. Lus	by			Ha	ger	str	M				
	270. BURIAL, CREMATIO REMOVAL (Specify) Burial	2/28/58	-	Rest Ha	ven Ce	emetery			TION (City, tow gerstov/I		ounty)	(Sto Md	*
	23. FUNERAL DIRECTOR		apel	ADDRESS 160 Inc. Hag		na.Ave.	240. REC'D	BY REGIST		. /	AR'S SIGNA	f	

BUREAU V. S.

OBAISOSO

02474

183	CERTIFIC	ATE (

\	2483	CERTIFICA	ATE OF DEATH	R+g.	Dist. No.				
	1. PLACE OF DEATH O. COUNTY Shington	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution Resi	dence before odmission) shington				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 51 years		riside corporate limits, write RURAL o					
	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION COUNTY HOS	pital	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO				
	3 NAME OF DECEASED (Type or print) Charles E	llis He	artle	4. DATE Month OF DEATH February	Day Year 17 1958				
	5. SEX 6. COLOR OR RACE 7. MARRI White Widowell		B. DATE OF BIRTH March 20,19	lost birthdoy) Monti	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.				
	100 USUAL OCCUPAT ON (Give kind of work done 10b. I during most of working life, even if retired) Laborer Co	and of Business or Indu nstruction	Hagerstov	" "	CITIZEN OF WHAT COUNTRY?				
	13. FATHER'S NAME William Hartle		14. MOTHER'S MAIDEN NAME Sarah Bowers						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes W. W. 11 214-09-6104Mrs. Dorthy Poffenberger Hag. Md.								
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	e for (a), (b), and (c).].	me to sis		INTERVAL BETWEEN ONSET AND DEATH 4 m with				
	Conditions, if ony, which gave rise to immediate	Conditions, if ony, which) to Carello ne of esuphacia							
	lying couse last.		/						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUE OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBUTION CAUSE OF	u f 7, 4, 1	<u> </u>		PART I(o) 19. WAS AUTOPSY PERFORMED? YES NOTE				
			D. (Enter nature of injury in Pa						
	Hour a.m. While	Not while far at work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)				
	21. I certify that I attended the decease alive on			D I, from the couses and ar					
7	ACTUAL SIGNATURE LAM D	Boodland		shington St E	DATE SIGNED				
*		achlander							
	REMOVAL (Specify) Burial 2-20-58		Cemetery	22d. LOCATION (City, town, or count Hagerstown M	id.				
	Scott F. Minnich & Se	ADDRESS On Hagerstow	362	BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE				

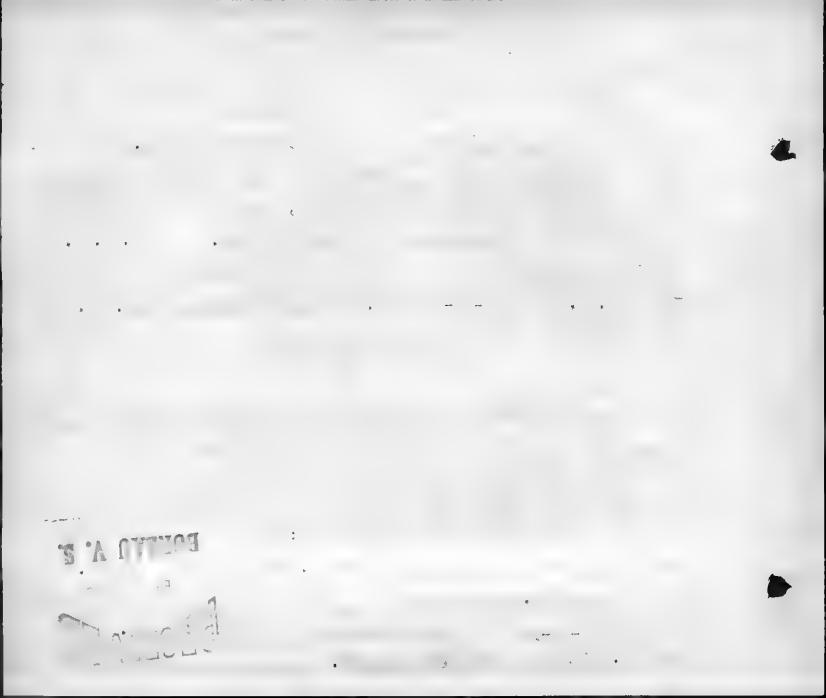
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be relained by the hospital or attending physicion.

TO FUNER

FCTOR: After this certificate has been signed by the attending physician and campletely filled

y the funeral director, page 3 s

be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remayol, and in any event within 72 houry after death. VS A1S (4) 15M 9/55



e. IS RESIDENCE YES NO

INTERVAL BETWEEN

PERFORMED? YES 🗍

NOL

(State)

DATE SIGNED

(Stote)

Year

1958

Day

2.0

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission b. COUNTY Washington · COUNTY Washington MARYLAND b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) RURAL and give negrest town) Williamsport reestoim d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS County Hospital Fenton Ave inton NAME OF 4. DATE Middle Month DECEASED OF DEATH Feb. Lewis Cleveland Hawbecker (Type or print) 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF LINDER 24 HPS Months Male White DIVORCED [7] WIDOWED | 65 yrs. 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if relired USA "ork Dve Room lannery Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hawbecker Sarah Vandrew 15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Fenton Ave. es 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 119 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) factory, street, office bldg., etc.) Hour o m. Nat while at work of work File 2D, 19 58, that I last sow the deceased 21. I certify that I ottended the deceosed from ___ 5 8, and that death occurred at 12,40PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE NAME (Type) 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION 22d LOCATION (City town, or county) REMOVAL-Specify Williamsport Madyland cb. Greenlawn Cemetery 23 FUNDENCOIREGIOR'S SUCHATURE 240. REGIO BY REGISTRAR 246. REGISTRAR'S SIGNATURE

DATE

deoth. filled tpq. Š Ë Ony signed noy be

I director, filed with

EUTEAU V. S.





BUREAU V. S.

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
r ee	2485 CERTIFICATE OF DEATH Reg. Dist. N	112477
I director,	1. PLACE OF DEATH a. COUNTY LUS MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Refidence by o. STATE b. COUNTY from	efare admission)
the funeral	b. CITY OR TOWN (If outside corporate/limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give recovery town) LURAL ORD CONTOWN (If outside corporate limits, write RURAL and give to the composition of the compos	CA C.
2 sha	d. NAME OF HOSP, TAL (If not in hospitol, give street address), or INSTITUTION ALS P. TO. HOS PITAL RDI - Greencas To	e. IS RESIDENCE ON A FARM? YES NO
illed i	3. NAME OF DECEASED (Type or print) - ACOB First Edwin HORSE 1. DATE OF DEATH FOR 22	Day Year
campletely fille papers. Pages ath.	5. SEX Nale 6. COLOYOR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthdoy) WIDOWED DIVORCED 10/15/1888 9. AGE (In years last birthdoy) Months Day	AR IF UNDER 24 HRS.
ian and cample carban papers. after death.	10a USUMA OCCUPATION of the kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) 12. CITIZEN DARY Drez. (1	S A
ician ar e carba rs affer	13. FATHER'S MAIDEN NAME / Sheele	V
ng physic e remave	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. of Julianean) 114 year, give wor or dates of service) 214-09-9246 Michael Harsh — U.S.	ton Ro
I within 2		NTERVAL BETWEEN NSET AND DEATH 20 years
Theory	myocardial infarction.	
any any	gove rise to immediate	20 years
lian. Isan sign Insit pe	couse (a), storing the under lying cause last. DUE TO (c)	
physici nos beer riof-tran naval, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH UT OF EITHER NOTIFY MEDICAL EXAMINER)	19 WAS AUTOPSY PERFORMED? YES NO 3
ficate from the bu		
ihis cert r use as emation	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. jt. While Not while at wark at work at work at work.	y) (State)
After 1	21. I certify that I attended the deceased from, 19 48, to 2/22, 19 58, that I last	
Dy the detach	alive on 2/22 19 58, and that death occurred at 3/3/2 AM, from the causes and on the d ADDRESS (Street, city or town, state)	DATE SIGNED
r prior	SIGNATURE M.D. 279 E. Baltimore St., Greencasti	e,Pa. 2/22/58
De re 3 sh 3 sh sgistro	NAME (Type) W. C. Brewer, M.D.	
Poge the re	Phral 2/25/58 Rest Haven Hagers town	, mu,
YS A15 [4] 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAY 246. REGISTRAY'S SIGNAT DATE FEB 2 5 '58 000	URE
	GC.	

WILLIAU V. B.

112478 2516 **CERTIFICATE OF DEATH** Rea. Dist. No. director, . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY Filed Washington b COUNTY Washington MARYLAND Marvland death. funeral b. CITY OR TOWN (If outside corporate fimits, write C. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give neares) town) RURAL ond give negrest town)
Rural Cavetown Cavetown Aural P vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
BOX 55 d STREET ADDRESS . IS RESIDENCE ON A FARM? Box YES INO F NAME OF 4. DATE Middle Month Year DECEASED OF DEATH Carrie Kendall February Mae (Type or print) 19 58 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Davs White Female DIVORCED | February 13. WIDOWED [7] 80% 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? HOUSE WITE even if retired) Own Home Smithsburg ad. Rt. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hezekiah Holtzman Mary Fulton move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address No. or unknown) George T. Kendall Cavetown please 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular Disease DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO [7] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I ar Part II of item 18.) 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20c, TIME OF INJURY Month. 20d. INJURY OCCURRED Day. Year (County) (State) foctory, street, office bldg., etc. g. ft. Nat while of work of work 21. I certify that I attended the deceased from 7-12 and that death occurred at 7:00PM, from the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED PHYSICIAN'S Charles F. Smithsburg Heas M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 2-27-58 Weltv Cometerv Greensburg Md 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 245 REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR Scott F. Minnich & Son Smithsburg Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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death,

BUREAU V. S.

DA AUTO TI

02480

Rea, Dist. No.

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	PLACE OF DEATH COUNTY Washing	ten			MARY	LAND	2. USUAL RESIDENC o STATE Marvla	_	deceased	d lived, tf b. C	OUNITY		ce before c		
	b CITY OR TOWN (If RURAL and give no	outside carp	porote limits, w	rite c. Li	ENGTH OF STAY	N 1b	e. CITY OR TOWN		ide carpo	rote limits,					
	Jacerst		Maryla	and	35 VIS		Wagerst	ewn	Mai	rvla	nd.	_ ,			
	d. NAME OF HOSPITA	AL (If not in I	hospital, give i	trest addre	35)		d STREET ADDRE	SS				,	œ. I	S RESIDE	NCE RM?
	11	2 W.	North	Str	est		112	V	Ne	rth	Str	eet		ES 🔲 N	
3.	NAME OF DECEASED	741	First		Middle		Last	4.	DATE OF		Mont	h	Day	Yeor	1
	(Type or print)	Agne			Aliee		King		DEATH		Teb		17	19	58_
5. 1	SEX		_	MARRIED [NEVER MARRIE	o 🗆	8. DATE OF BIRTH			9. AGE (In	n yeors thdoy)	IF UNDER	1 YEAR IF	UNDER 2	4 HRS
	Female	Celer		DOWED 🔣		997		1878		79	yrs.		Doys II	OUIS	Min.
10o	 USUAL OCCUPATIO during most of working 	N (Give kind ing life, even	of work done if retired)	106 KIND	OF BUSINESS OF	R INDUS	STRY 11. BIRTHPLACE	(Slote or I	foreign co	ountry)		12. CIT	IZEN OF V	VHAT CO	UNTRYP
******	leusewife			Own	Fone		Shepl			TR.	W. V	a U	SA		
13.	FATHER'S NAME						14 MOTHER'S MAIL	DEN NAM	4E						
		A Del				,	Nanni	9	Xep	ewel					
15. (Ye:	WAS DECEASED EVER	IN U. S. AR	MED FORCES? or dates of service	16 SOCIA	AL SECURITY NO	17. 11	NFORMANT				Addre	-13			
_	ne			He	73.0	Mr	s Lame W	130	n 1	10 W	. No	erth	St	ceet	
	18. CAUSE OF DEAT	•		per line for	(o), (b), and (c)]								INTERV	AL BETWE	EEN
	PART I. DEAT	IMMEDIATE	ISED BY: CAUSE (0)	Car	cino	ma	0+ 6	dh	<u> </u>	25			7	2221	
	*		DUE TO				J							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Conditions, if on		{b}												
	gove rise to in couse (o), stating t		DUE TO												
_	lying couse last.)	(c)												
õ	PART IS, OTH	ER SIGNIFIC	ANT CONDITIO	ONS CONTR	RIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMINA	L DISEAS	E CONDITI	ON GIVE	N IN PART	[1(o) 19, V	VAS AUT	OPSY D?
₹.													YE	S N	0 🖾
CERTIFICATION	OR CONTRIBUTING	S UNDERLYIN CAUSE O MEDICAL EXA	NG [] 20b F DEATH AMINER)	DESCRIBE	HOW INJURY OC	CURRE	Center nature of injur	ry in Port	I or Port) It of item	18.}				
MEDICAL	20c. TIME OF INJURY	Month,	V		OCCURRED Not while	20e PL/ Fac	ACE OF INJURY (Home, story, street, office bldg	, form,	20f (City	or town)		(0	ounly)	-	(State)
W	p. m.		19 0		of work			i							
	21. I certify the	at attend	ded the dec	ceosed fr	om. A 1/ 5		, 19 <u>.5</u> _7, to	Fo	1	7	1958	thot I I	last saw	the de	ceased
	olive an	تا داع	7,	18 2 2	, and that	death	accurred at	15-7	VI, fron	n the ca	uses ar	nd an th	ne date :	stated	abave.
:	Comment Co		/	11	11			ADI	DRESS (St	reet, city o	r town, s	lote)			SIGNED
	ACTUAL SIGNATURE	Lond	(10	1/ pre-		us 214	<u>. N.</u>	Per	tam	3 C	S-t		1/18	751
	PHYSICIAN'S NAME (Type)	-164	JA	H	FEN	26.1	~ H 2.	Sell	Y-1-	Co W	n		md	1	
220	BURIAL, CREMATION	V. 225 DAT	E THEREOF	22c	NAME OF CEME	TERY O	R CREMATORY	22	d LOCAT	ION (City,	town, or	county)		(Stole)	
	REMOVAL (Specify)	Teb	21 19	58 R	ese Wi	11 (Cemetery	S	henk	er de	tam	n W.	Va.		
23	FUNERAL DIRECTOR'S	SIGNATUR		1.	ADDRESS	4		REC'D B			REGIST	TRAR'S SIC	NATURE		
-	John R	Wal	son	FIY	agent	low	md DAT	FEB 2	0 '58		021	- 5	1		

VS A15 (4) 15M 9/55



LUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Z .V UABAUB

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
· .e	2488 CERTIFICA	ATE OF DEATH Reg. Dist. No.
led with	1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington
should all the state of the sta	b. CITY OR TOWN [if outside corporate limits, write RURAL and give nearest town] Hagerstown 50 yrs.	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Hagerstown
18 shou	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? 523 Liberty St. 7ES NO
ges 1 on	3. NAME OF First Middle DECEASED (Type or print) JOHN LUTHER	LANCASTER 4. DATE Month Day Year Of DEATH Feb. 4 19 58
Po	Male White WIDOWED DIVORCED	B. DATE OF BIRTH Aug. 6, 1872 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI Months Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Maintenance Mechanic Railroad	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUN Williamsport, Md. U.S.A.
	William L.Lancaster	14. MOTHER'S MAIDEN NAME Elizabeth E.Taylor
72 hours	(Yes, no or unknown) Iff yes, give war or dates of service)	NFORMANT Address liline Lancaster 523 Liberty St, Hagerstown,
ien please re	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gerebral homor	INTERVAL BETWEEN
it permit. T	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO DUE TO DUE TO (c)	iosclerosis (certain)
buriol-trons removal, a	Corebral concussion duration	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPS PERFORMED? YES NO D. (Enter nature of injury in Part I or Part II of item 18.)
use os the	3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stol tory, street, office bidg., etc.) Hagerstown Wash. Mary
or prior to burial, crea	21. I certify that I attended the deceased fram. January alive an February 4 19 58, and that death	281958, to February 419 58 that I last saw the deceded accurred at 7:15P. M. from the causes and an the date stated about the
poge 3 shother registron	NAME (Type) William T. Lavman 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 2/7/58 Rest Haven (Cemetery Hagerstown Md.
5 (4)	Rest Haven Funeral Chapel Inc. Hagersto	own . Md. Date FEB 1 0 '58 Con regular couch



BUREAU V. S.

81

VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02483

	~ 250	CERTIFIC	LATE OF DEATI	Re	g. Dist. No.			
1. PLACE OF DEATH . COUNTY		MARYLANI	o STATE	here deceased lived If institution: R b. COUNTY WASHT	Residence before admiss an)			
b. C TY OR TOWN	(If outside corporate limits, write	c LENGTH OF STAY IN 1		outside corporate limits, write RURAL				
HAG	FERSTOWN	6 DAYS	X RURAL S	SHARPSBURG				
d. NAME OF HOS OR INSTITUTIO	SPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
WASHI	NGTON COUNTY	HOSPITAL	SHARPSBUI	RG MD.ROUTE 1	YES+E NO			
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Day Year			
(Type or print)	GEORGE U	PTON LEA	THERMAN	DEATH FEBRUARY	12 1958 19			
5 SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8 DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS			
male	MHTT MIDOM		- Un s 16 10	577 60 m 1	nths Days Hours Min			
10a USJAL OCCUPA during most of w	TION (Give kind of work done 10b working life, even if retired)	KIND OF BUSINESS OR IN			2 CITIZEN OF WHAT COUNTRY?			
nor	ne		MYERSVIL	LE FR.D.CU.L.J.	U.B.4.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME				
	OHN LEATHERMAN		ELIZAB	ETH GROSSNICKI	E			
15. WAS DECEASED E	EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	. INFORMANT	Address				
NO		NONE	BRUCE LEATH	ERMAN SHARPSBU	JRG MD.R.1			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] ONSET AND DEATH							
PARI 1, D	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable brain infarct 1 Week							
,	Conditions, if ony, which) (b) Cerebral arteriosclerosis (7)							
Conditions, if	5 Yr (?)							
couse (a), static	ng the under- DUE TO							
	lying couse lost. (c)							
	Benign hypert			INAL DISEASE CONDITION GIVEN II	N PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO			
	WAS UNDERLYING 20b. DES NG CAUSE OF DEATH FY MEDICAL EXAMINER;	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Part II of item 18.]				
20c. TIME OF INJ			PLACE OF INJURY (Home, form	1, 20f. (City or town)	(County) (State)			
Hour o. n	10		foctory, street, office bldg., etc	7				
21 I certify	that I attended the deceas	ed from Jan. 1	10 58 to F	reb. 12 , 19 58th	at I last saw the decreased			
alive an	Feb. 11 10	5Ω	accurred at		an the date stated above.			
) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	1/	ADDRESS (Street, city or town, state	DATE SIGNED			
ACTUAL SIGNATURE	Walker,	4 XNO	-	harpsburg, Md				
		0	/		X 24 6 - 44 44 24 24 24			
PHYSICIAN'S NAME (Type)	Walter H. Sne	ealy M. D.	_ /					
220. BURIAL CREMAT REMOVAL (Speci	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or con	unty) (State)			
BURIA	15 1050	greenHILL	CEMETERY	WAYNESBORD PI	EINNA			
23 EUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	24a. REC	The second of th	R'S SIGNATURE			
I- Kunci	und Home	Devistro	MO · DATE	COU, in	rbuch			

BULLA SESS OF SESS OF

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 harm ofter death. If any delay is necessary please execute the certificate, writing the word "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the four director. Page 4 should be well of many manual places and the four pour files. The should be used as a burial-transit permit. File pages 1 and 2 with the State Gaard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

IEDICAL EXAMI	execute the certificate, writing	prwarded to 11	RECTOR: Pog
MEDICAL EX	Certificate, v	prwarded	A. RECTOR:
TO DEPUTY M	execute the		FUNERA
P VS		15/	Q UE
4.1	14. *		7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
- 0540	R

112484

			Reg. Dist. No.						
	PLACE OF DEATH 60 COUNTY		2. USUAL RESIDENCE (V	Vhere deceased lived if institution, Re	osidence before admission)				
L	ASHINGTON	MARYLAND	STATE MARY	LAND b. COUNTY WA	Sain ala				
	b. CITY OR TOWN (If oviside corporate limits, write XURA, and give negrest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (II	outside corporate I mits, write RURAL	and give nearest town)				
, [PONDSVILLE	15 YEARS	PONDSVI	LLE					
	d NAME OF HOSPITAL OR INSTITUTION (If not in hosp	stal, give street address)	d STREET ADDRESS		e IS RECIDENCE ON A FARM				
	SMITHSBURG MD.ROUT		SMITHSBU	RG MD ROUTE 1	YES NO				
1	3. NAME OF First DECEASED	Middle	lost	4. DATE Month	Doy Year				
	(Type or print) LEON:	DANIEL L	EWIS	Carlo C. Carlo C. Carlo	18 1958 19				
1	6. COLOR OR RACE 7. MARRIE	D 🔛 NEVER MARRIED 🔲 B	DATE OF BIRTH	loan budhala A	DER TYEAR IF UNDER 24 HRS				
	MALE WHITE WIDOWED		DECEMBER 2	1 1915 42"	B Doys Hours Min.				
1	0a USUAL OCCUPATION (Give kind of work done 10b KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y H. BIRTHPLACE (Stote	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?				
	GRINDER MAGNUS METAL	WORKS	MYERSVIL	LE FRED.CO.MD.	U.S.A.				
1	I3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME					
	EDWARD LEWIS		EMMA HIN	ES					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		FORMANT	Address					
	NO 21	7-12-2260 MR	S.DORIS LE	WIS SMITHSBURG	MD.ROUTE 1				
ı	THE CAUSE OF DEATH Enter only one couse per line for	or {o}, (b), and (c) }			INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) RCUTE CETEBRAL hemorrhage								
1	33/X DUE TO								
1	Conditions, if ony, which								
	gove rise to immediate cause ((a), stating the underlying DUE TO								
	couse lost. (c)								
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	Hour e.m. none 19 White of wor	- INDI WINE	y, street, office bldg., etc. NONE	-					
	21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my								
	opinion death resulted from: Natural co	ouses 🕱, Accident], Suicide [], I	fomicide [], Undetermine					
	00041								
ı	ACTUAL S. Roles 7 4	rello	M.D. CHIEF MEDICALEX	AMINER [DATE SIGNED				
	EXAMINER'S S. Robert	Wells, M.D.	ASSISTANT MEDICAL		2-19-58				
2	REMOVAL (Sourcifu)	27c. NAME OF CEMETERY OR C	REMATORY	72d, LOCATION (City, lown, or count	y) (Stote)				
	BURTAL" FEB.20 1958	SMITHSBURG (CEMETERY	SMITHSPIDE NO					
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	/ 240. REC'I		SIGNATURE				
	Cast Jul Down	bousino Mi	C DATE F	EB21 '58 \ - &	bull a				



2490 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY g. STATE b. COUNTY MARYLAND ASSITTS TON MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) HAGERSTOWN KEEDYSVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? COHNTY YES NO THE MATN NAME OF First Middle 4. DATE Lost Month Day Year DECEASED OF (Type or print) DEATH FOSTER LONG BRUARY 1958 19 S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 9. AGE (In years lost birthdoy) 8 DATE OF BIRTH IF UNDER 1 YEAR, IF UNDER 24 HRS. Months Doys Min MALE WIDOWED F DIVORCED [YES 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE IState or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) -R-COLMIDDLETOWN FRED.CO.MD 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 8 6 WILLIAM COST LONG FRANCES COFFMAN 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERMAL BETWEEN ONSEV AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (6) doy 420.0 DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work | of work O. In 21. I certify that I attended the deceased from.... , 19____that I last saw the deceased and that death accurred at 5 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Howard Weeks. Hagerstown. 220 BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (Stote) BURTAL (Specify) 958 BOONSBORO WASH 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 1SM 10/57

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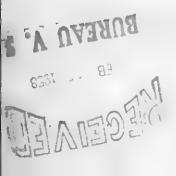
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





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M DATE

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the funeral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital or attending physician.

TO FUNERA RECTOR: After this certifically hos lieun signed by the attending physician and campletely filled page 3 shoot be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registror prior to burial, cremation, or removal, and in any event within 72 figure-after death. TO HOSPITAL OR VS A1S (4) 15M 9/55

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S.V C.L.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2522 CERTIFICATE OF DEATH Rea. Dist. No. ₩ij I director, Filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) n. COUNTY Washington Md. b. COUNTY M Washington MARYLAND death: ero b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) o Life Cascade Cascade d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION #d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D NAME OF First Middle Lost 4. DATE Month Day Year DECEASED OF DEATH (Type or print) Lewis Jacob Feb. 19 58 Moore 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THE NEVER MARRIED 9. AGE (in years lost birthday) Months Days Hours DIVORCED T WIDOWED [7] 12/25/1884 Male White 72 yrs. papers. 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Cascade Md. Carpenter carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Marshall Moore Mary Jane Rover move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 189-18-6087 No Mrs. Lewis Moore Cascade Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (d) 4201 DUE TO Conditions, if any, which ! gave rise to immediate **DUE TO** cause (a), stating the underisup. lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a. n. factory, street, office bldg., etc.) While Not while p. m. at work at work Frin. 1958, that I last saw the deceased 21. I certify that I attended the deceased from... , and that death accurred at ___ M, from the causes and an the date stated above. ADBRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Bethel: Md Lantz 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

POECETY EIGES

BU INT V. S.

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(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MCVA K &

1	2/108	ATE OF DEATH Reg. Dist. No. (12495)
director	1. PLACE OF DEATH d. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Washington
inneral divided the state of th	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Hagerstown 18 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
the show	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS 1048 Fairview Road e is residence on a farm? yes \(\) No \(\)
es Lo	3. NAME OF First Middle DECEASED (Type or print) SAMUEL B	RAINEY 4. DATE Month Day Year Of DEATH Feb. 11 1958
Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Mar. 13, 1903 9. AGE (in years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdox) 54 yrs. Monits Days Hours Min.
ng physicion and complete semove carbon papers. 72 haurs after death.	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver Transportati	, , , , , , , , , , , , , , , , , , , ,
icion ar	Daniel L.Rainey	Mary Hogan
ng physe remov	(Clas. ho, or unknown) Iff yes, gave wor or datas of service)	INFORMANT Address Md. s.Samuel B.Rainey 1048 Fairview Rd.Hagerstown
by the attendi	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which }	Thrombonia interval Between onset and Death 124 12.
on. signed in on the signed in one signed in one signed in our signed in o	gove rise to immediate corse (o), stoling the under-lying couse lost.	STIETOTIC MEEPL DISESSE 773 977
physicii rial-free	NI A	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \subseteq \)
ificate the bu	OR CONTRIBUTING CAUSE OF DEATH REPORT OF THE	ED. (Enter noture of injury in Part I or Port II of item 18.)
finis ceri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P. Hour a. m. 19 While Not while of work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
RECTOR: After Le detached for prior to buriol, or	alive an 1958, and that death	h accurred at 11: 20 M, from the causes and an the date stated above ADDRESS (Street, city or town, stole) DATE SIGNED M.D. 214 M: Patamas C St.
MERA 3 shop gistror	PHYSICIAN'II NAME (Typo) // C/ A H/C/F ma) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	DR CREMATORY (22). LOCATION (City town, or county) (Stote)
moy be to page 3 the reg	REMOVAL (Specify) 2/14/58 Rest Haver	n Cemetery Hagerstown Md.
VS A15 (4) 15M 9/55	LOUL P	town, Md. DATE EE 1 8 '58

HILLING N. E.

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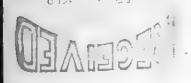
	19.20	•	CERTIFI	CAI	L OF DEA			Reg. Dis	1. No. 3	02
1. PLACE OF DEATH				2.	USUAL RESIDENCE	Where decease		nı Residenc	e before c	idmission)
	shington		MARYLAN	4D	o. STATE Mary	rland	b. COUNTY	Was	shine	ton
b. CITY OR TOWN	l (If autide corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (rate limits, write Rt			XXXX.
RURAL ond give			3 days		13 Hager	stown				
	PITAL (If not in hospital.	give street		1	d. STREET ADDRESS				0.	S RESIDENCE
	on County 1	lospi:	tal		425 G	eorge S	treet			ES NO 🔯
3. NAME OF DECEASED		rst	Middle		Lost	4. DATE	Mont	th	Day	Yeor
(Type or print)	KATHRYN		ELEANOR	RI	YNOLDS	OF DEATH	February	Ţ	9	19 58
5. SEX	6 COLOR OR RACE	7. MAR	RIED 🔀 NEVER MARRIED [8. D	ATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 24 HRS
Female	White	WIDOW	ED DIVORCED] 00	tober 25,	1897	lost birthday) 60 yes.	Months 1	Doys H	aurs Min.
100 USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (SI	ate or foreign c	ountry)	12. CITI	ZEN OF V	VHAT COUNTRY
	wife	<u>"</u>			Washingt	on Coun	ty, Maryl	Land	U	S.A.
3. FATHER'S NAME				1.	MOTHER'S MAIDE	N NAME				
Wi	Illiam Berge	r			Anna Ma	y Daymu	ide			
15. WAS DECEASED E	VER IN U. S. ARMED FOI		SOCIAL SECURITY NO.	7. INFO	RMANT		Addr	e13		
no			none	Wil	liam J. R	eynolds	Hagers	stown.	Mar	vland
18. CAUSE OF D	EATH [Enter only one co	ouse per h			R	,	1) 1-1			AL BETWEEN
PART I D	EATH WAS CAUSED BY	ol.	Carcinen	re	Minch	uv -	LUGT	-	2	AND DEATH
16 00		,								
Conditions, if	ony, which)	-)					\$		i	
gove rise to Couse (a), slatin	immediate (********						
lying cause los		=)								
PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIVE	EN IN PART	1(a) 19. V	WAS AUTOPSY
PART II. C										ERFORMED?
200. ACCIDENT	WAS UNDERLYING A	20b DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury	in Part Lar Par	t II of item 18.)			
OF EITHER, NOT	FY MEDICAL EXAMINER)									
20c. TIME OF INJ				PLACE	OF INJURY (Home, fo	arm, 20f. (City	or town)	(Ce	ounty}	(State)
Hour o. n	10	While of wor		roctory	, street, affice bldg.,	olc.)				
21. I sertife	7	Odecens	and from Base	\ <u>\</u>	10 18 10/	rees	9 1058	that I le	net com	the deceases
alive on_0	ACT 8 12 /	116	, and that de	oth oc	curred at 10	A Second	n the causes a		_	
4.1.4	11011		did indi de	oiii oc	Correct discount		treel feity or John,		e dole	DATE SIGNE
ACTUAL SIGNATURE	Milyn X.li	13	Luen		139 WELL	leng to	JI West	MA	mlling	2/10
				M.UI						
PHYSICIAN'S NAME (Type)	Philip/J. H	irshm	an, M.D. 159	W.	Washington	n St., Ha	agerstown	, Mar	yland	l
220. BURIAL, CREMAT	ION, 226. DATE THERE		22c. NAME OF CEMETER				TION (City, town, a			(Stote)
Burial	b) 2/12/10	58	Rest Haven				rstown, M		nd	feransi
23SUNEEN PRESTO	OR'S SIGNATURE		ADDRESS	. 0010		EC'D BY REGIST	RAR 245 REGIS	TRAR & SIG		,
	zer Funeral	Home	Hagerstown.	Md-	DATE	FEB 1	3 '58	* * (our a	

TO HOLITIAE DR ATTENDING PHYSICIAE: The low Equires that the death certifical be executed within 28 hours after desth. | Bogs | may be retained by the hospital or attending physician.

TO FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 show be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours ofter death.

VS A15 (4) 15M 9/55

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EUREAU V. 2.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY WASHINGTON							
b. CITY OR TOWN (If outside corporate limits, write RURAL AND STAY IN 16 HAGERS TOWN IT YEARS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) HAGERSTOWN							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) WASHINGTON COUNTY HOSPITAL	d. STREET ADDRESS 350 EAST WASHINGTON ST ON A FAR YES NO							
3. NAME OF DECEASED (Type or print) COLUMBUS WICTOR	RIDENOUR A DATE Month Doy Year PEATH 2 20 19 58							
5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (in years IFUNDER 1YEAR IF UNDER 24 I CT 4, 1891 Months Days Hours Min.							
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR CREAMERY CO.	TRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND 12. CITIZEN OF WHAT COUN U.S.A.							
13. FATHER'S NAME SAMUEL RIDENOUR	14. MOTHER'S MAIDEN NAME EDITH STEFFEY							
[Yes on he uninques]	NFORMANT S. HARRIETT RIDENOUR HAGERSTOWN, MD.							
(a () .)	otic Myocardial heart disease 10 yrs ary occlusion							
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN NOTE None 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING COURRED. (II CAUSE OF DEATH. NONE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES \[\] NO [
	inter nature of injury in Port I or Port II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA Hour a. m. P. m. 1010 19 Of work of work 1	CE OF INJURY (Home, form, 20f. (City or lown) (County) (Slot none							
21. I certify that I taak charge of the remains described abordeath resulted from: Natural causes . Accident . Sui	ve, held an Autapsy [], Inspection [X], Inquiry [], and find I cide [], Homicide [], Undetermined cause [].							
ACTUAL SIGNATURE S. Roles There & M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED								
EXAMINER'S S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1 2-21-58							
220 BURIAL, CREMATION, REMOVAL (Specify) 2/22/58 ROSE HILL	CREMATORY 22d. LOCATION [City, town, or county] (Stole) HAGERSTOWN MD.							
FRED W. KRAISS HAGERSTOWN, MD.	240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE DATE FEB 2 4 '58 CULT - LAULA							

VS. A15ME(5) 5M 9/55

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Coffnan-Hagerstown,

hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 n2499 Reg. Dist. No.

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) IS RESIDENCE ON A FAPM? YES T NO TH February 24 58 19 IF UNDER I YEAR IF UNDER 24 HRS Months Doys 12 CITIZEN OF WHAT COUNTRY USA Maryland Mary Fox Rowe-433 George INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P (County) (Stote) 1: 301M, fram the causes and an the date stated above ADDRESS (Street, city or lawn, state) 22d. LOCATION (City town, or county) ash

warvland

DATE



BULEAU V. E.

death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1	1					TATE DEP	ARTM	ENT OF H	IEALTH	-BAL1	IMORE, 1	8						
u ಕ್ಷ	M)			; 2	525	CERT	TIFICA	TE OF	DEATH	1		Reg. Dist. No	250)	1				
eral directo	121		PLACE OF DEATH	ashingto	n	MA	RYLAND	2 USUAL RES	IDENCE (Who		lived. If institution b. COUNTY	n-Residence befo		on)				
		Г	b. CITY OR TOWN (If a RURAL ond give near TUTAL S	outside corporate limi est fown) mi thsbur	its, write c	UENGTH OF ST	li li		town (IF or Iral		ote limits, write RU thsburg		arest fown	}				
the fun	07		d. NAME OF HOSPITAL OR INSTITUTION RFD	. (If not in hospital, μ	give street add	dress)		/d. STREET	ADDRESS RFI	0 #1			e, IS RESI ON A YES [FARM?				
filled (ges 1 cm		1	NAME OF DECEASED (Type or print)	Elsie	rst	May		hofiel		4. DATE OF DEATH	Mont F	eb. 17		958				
P O			female	6. COLOR OR RACE White	7. MARRIED			Aug. 1		376	9 AGE (In years lost birthdoy) 81 yrs.	Months Days	Hours	R 24 HRS Min.				
- 2		100	USUAL OCCUPATION during most of working no USE	(Give kind of work g life, even if retured WITE	done 10b. Kil	ND OF BUSINESS	OR INDUS		and,									
e ga		13.	FATHER'S NAME	enry Ril	еу			14. MOTHER"	MAIDEN N	AME		Robe	rts					
ng physic e remave 72 ≣∎urs		1S.	WAS DECEASED EVER I	IN U. S ARMED FOR you, give wor or dates of		OCIAL SECURITY N		s. Eth	elber	t S.	Robins		thst	ourg				
attendi n pleas i within			18. CAUSE OF DEATH [Enter only one couse per fine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (arcin armalosis Control															
by the it. The y event			Conditions, if any	DUE TO	1-10-	11.	Cin	1/12	7:	le o		1/	500	20				
signed it permit			gove rise to imp couse (o), stoling the lying couse lost.	mediate (rcino	Zane.	in 15	and a	- 60	1 mler	us /	3 y . ' ~ ~					
physicial as been altransiand	0	ATION	PART II. OTHE	R SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIVI	N IN PART I(o)	PERFOI YES	RMED?				
ficate hither buri		CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING []] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY	OCCURRED	. (Enter noture o	of digitary in P	art 1 or Part	Il of item 18.)							
his certi use as		MEDICAL	20c. TIME OF INJURY Howr a. fr. p. m.	Month, Day, Ye	While _	Not while	20e. PLA foc	CE OF INJURY orry, street, offic	(Home, form, e bldg., etc.)	20f. (City	ar town)	(County)		(State)				
haspite After the hed for rial, an			21. I certify that	t I attended the	deceased	11	7 14	1959	5. 10 22	-17		that I last s						
by the CTOR: e detoc r to bu			ACTUAL SIGNATURE		ر الرار الرار	2), and m	,	accurred at			the causes a reet, city or town, s		ite state DA	d abave. TE SIGNED				
G C S S S S S S S S S S S S S S S S S S	1		PHYSICIAN'S NAME (Type)	JA K	16	10	R.	1.0.	ZZSAC.	(30/4)	magic	F		DZ_0				
oy be r FUNER, oge 3 st e regist		220	BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREC		Zac NAME OF CE					ON (City, town, o	**	(Stote)				
E Q & E			FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGISTE	Seyville	TRAR'S SIGNATU						
15M 9/55		L	Jood F.	Minnich	∞ DOI'	, SHILL	nooui	B) Mu.	DATEFEE	- 60 E OI	James H	adulia						

B. V UALIUE

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
*	2500 CERTIFICATE OF DEATH Reg. Dist. N/(1251) 2
I director, filed with	1. PLACE OF DEATH o. COUNTY Washington ARRYLAND 2. USUAL RESIDENCE (Where deceased lived (firstitution: Residence before admission) o. STATE Maryland b. COUNTY Washington
to at the state of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Agerstown C. LENGTH OF STAY IN 1b RURAL ond give nearest town) Hagerstown
rs ofter de	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Washington County Hospital O. IS RESIDENCE ON A FARM? YES NO
24 hav	3. NAME OF First Middle Lost 4. DATE Month Day Year OF SCRANTON DEATH Feb. 22 19 58
completely filled papers. Pages 1 oth.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED DIVORCED July 8, 1880 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Min.
e be executed vian and completed corban papers.	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home Philadelphia, Penna. U.S.A.
te be execution and car carban pap after death	13. FATHER'S NAME Leslie B.Farmer Mabel W.Beckenbridge
death certificate to titending physician please remove car within 72 hours afti	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address None J.H.Scranton 1141 Fairview Rd. Hagerstown, Md.
at the death cer the attending to Then please re event within 72	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c) (c) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
gned by 11 permit. T in any ev	Conditions, if any, which gave rise to immediate coose (a), stating the under-
: The law req ing physician, le has been si burial-transit remaval, and	Iying couse lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
CIAN: T	
PHYSIs tal or o this cer ir use as rematian	20c. TIME OF INJURY Month, Day, Year Not Injury Occurred While Not while of work of wo
ENDING he haspil R: After ached fa burial, cr	21. I certify that I attended the deceased from, 1955, ta, 1956, that I last saw the deceased alive an, 1956, and that death occurred at, M, from the causes and an the date stated abave
OR ATTI	ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Signet, city or lown, stole) DATE SIGNET M.D. 1361, Value 2/24/5
retai RAI Shou strar	PHYSICIAN'S HOWARD N. WIEEKS ITAGERSTOWN, MD
O HOSPI may be O FUNER page 3 t	220. BURIAL CREMATION, REMOVAL (Specify) 2/25/58 Rest Haven Cemetery Hagerstown Md.
VS A1S (4) ISM 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1601 Penna. Ave. EST Haven Funeral Chapel Inc. Hagerstown, Md. DATE 246. REC'D 87 REGISTRAR'S SIGNATURE DATE FEB 2 7 '58



VS A15 (4) 15M 9/5\$, Inf.

MARYLAND	STATE DE	PARTMENT	OF	HEALTH-	BALTIMORE,	18
0 =						

2501 CERTIFICATE OF DEATH

()25(13) Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Washington		MARYL	AND	2. USUAL RESID	Md.	ere deceased	lived. If instituti b. COUNTY		ingt		on}
	RURAL and give no	f outside corporate limi carest town) SCOWN	ts, write	c. LENGTH OF STAY I	N 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
	d. NAME OF HOSPIT	At (If not in hospitol, g		oddress}		d street address e. Is residence ON A FARM! YES NO [FARM?
=	NAME OF			Middle		1		4. DATE	À4.	4		h.t	
	DECEASED (Type or print)	Lula	\$1	Lee		Shafer		OF DEATH	Mon 2		28	19	9 58
Ş.	SEX	6. COLOR OR RACE	7. MARE	RIED 🔲 NEVER MARRIE		8. DATE OF BIRTH	4		9. AGE (In years	IF UNDER			
	female	white	WIDOWI	ED DIVORCED		Aug. 17,	1888		lost bighday) yrs.			lours	Min.
100	. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDU!	STRY 11. BIRTHPL	ACE (Stote of	or foreign co	untry)	12 CITI	ZEN OF	WHAT (COUNTRY?
	housev	vife	,	home			1. Co.				U.S.	Α.	
113.	FATHER'S NAME	arles Lee S	m i th			14 MOTHER'S		Mong	an				
-					12.0	NFORMANT		0					
	it, no, or unknown) 1	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.			2	н	Add				
	no			none	CLJ	rde Fleag	gle	uag	erstown,	. DM			
	18 CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b) and (c)]							INTERV	AL BET	WEEN
П	PART I. DEA	PART I. DEATH WAS CAUSED BY. Hypertensive Cardiovascular Disease. Vears											
	1437	DUE TO		per compre	-	ar aro vo	10002	ar Di	.00000.		7.0	ca.L	3
	Conditions, if o	ny, which)											
	gave rise to immediate Nus vo												
	lying couse lost.	the huder-									-		
1,		J (c											148 - 5014
ē	PART II. OTH	HER SIGNIFICANT CON	_	CONTRIBUTING TO DEA	_				CONDITION GIV	EN IN PART	1(0) 19.	PERFOR	MED?
3			Gel	neralized	Ar	ter10s c	Tero	Sis.			Y	ES 🗌	NO.
CERTIFICATION	200 ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pa												
MEDICAL	20c TIME OF INJUR Hour e, m. p. m	Y Month, Day, Yes	While			ACE OF INJURY (I story, street, office			ar town)	(C	ounty]		(State)
	21. I certify th	of I offended the	decess	ed from Oct	. 1	, 1957	to F	eb. 2	8, 1958	3 that I I	ost sow	the c	deceased
П	alive on F	eb. 28,	. 19.	The state of the s	~~~	occurred of	9:15	B	the course	and on th	a data	Hala	d abava
Н	GIIAR OHTTTTT		1 2	, ond mor	deoin	occorred of			reet, city or lown.		e doie		TE SIGNED
	ACTUAL)(x	1-	1, , ,		770			tomac S		7 1		
	SIGNATURE		10	ree_		M.D	MOT	GII PU	Comac	3 6 •	5-1	L-58	O
	PHYSICIAN'S NAME (Type)	R.A.Bel	1, 1	A.D.	-0-0-Pater	Hag	erst	own,	Maryla	nd.			
22	BUR AL CREMAT O	N, 226. DATE THEREC)F	ZZc. NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(State)	}
	REMOVAL (Specify) Burial	3-3-58		Rose H	111			На	gerstown	, Md.			
23.	FUNERAL DIRECTOR			/ ADDRESS			24g, REC'S	D BY REGIST		STRAR'S SIG	NATURE		
	red W. Kr		rsto	wn, Md.			DATEANT		0	ر سودلسد	4		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EVA MINIEDIC CEDTIEICATE OF DEATH

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	91	44-	E EXAMINEN	3 CERTITION	TIL OI D	Reg.	Dist. No.		
D. COUNTY WE	shington	, x	MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o STATE Maryland b. COUNTY Washington					
end gaye nearest to	(hourside corporate limits, write stown	FURAL	c. LENGTH OF STAY IN 1		(If outside carporal erstown	e I mils, write RURAL c	and give neon	reil lawn)	
	last Ave	If not in hosp	ntol, give street oddress)	d STREET ADDRESS	East Ave			ON A FARM	
3. NAME OF DECEASED (Type or print)	Arthur	LT.	Middle Carroll	Stauffer	4 DATE OF DEATH	February	Day 20	Year 19 58	
Male	White	WIDOWED		Feb. 24,	1897 6	O yrs. Months		UNDER 24 HR	
Maintena Maintena	TION (Give kind of work king life, even if relired) LICE WORKE		chool	Hager	stown M	y) 12. C	-	S. A_{ullet}	
	lliam H.				tha Duno	an			
15. WAS DECEASED ! (Yes, no. or unknown) Yes	Ver IN U. S. ARMED FO	MUNICU) [4-09-5673	Harry Monn	inger Sr	· Hagers	town	Md.	
	ATH Enfer only one cou	ne per line f	or (a), (b), and (c),]				INTERVAL ONSET A	L BET WEEK	
PARE I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute Coror	ary ecclusio	n				
1	DUE TO								
Conditions, if									
(o), sloting the	underlying DUE TO								
	THER SIGNIFICANT CON		NTRIBUTING TO DEATH BL	T NOT RELATED TO THE TER	RMINAL DISFASE CO	NDITION GIVEN IN PA	ART 1(0) 19. YES	PERFORMED?	
PART II. O	ONTRIBUTING [7]	b. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury in I	Part I or Part II of H	em 18 }			
20c. TIME OF INJ	none	While	NJURY OCCURRED 20e P Nat while k at wark	LACE OF INJURY (Home, for sclory, street, affice bldg., e none	orm, 20f (City or to	own) (C	aunty)	(Stole)	
21. I certify	that I took charge	of the r	emains described at	ove, held an Auto	psy 🔲, Inspe	ection X, Inqu	iry],	and in m	
opinion deat	resulted from: 1	Notural c	auses 🔀 , Accident	D, Suicide ,	Homicide 🔲	. Undetermined	manner		
ACTUAL SIGNATURE	S. Roleer	V lu	elCa	M.D CHIEF MEDICAL			D	ATE SIGNED	
EXAMINER'S NAME (Type)	Samuel R	Wel	ls , M.D.		NCAL EXAMINER 🗍		2-21-5	8	
RIMOVAL ISPECT	ON. 226. DATE THEREO		Rose Hill			(City, fawn, or county)	Md.	(State)	
3 FUNERAL DIRECTO			ADDRESS		C'D BY REGISTRAR	246 REGISTRAR'S	GNATURE		
Scott F.	Minnich &	k Son	Ha gers toy	m Md	FER 2 4 '58	Confined	-		

Md.

DATE

Scott F. Minnich & Son Hagerstown

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02508 **CERTIFICATE OF DEATH** 2527 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) o. COUNTY b. COUNTY Washington MARYLAND Washington Maryland b. CITY OR TOWN (If outside corporale limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! yrs. Williamsport Nd Williamsport Md. RED d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO X Kemps Fi Kemps M 3. NAME OF 4. DATE First Middle Lost Manth Day Year DECEASED OF DEATH (Type or print) To VI or Feb. 19 58 Minnie Pearl 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 8 DATE OF BIRTH (ast birthday) Mopths Female WIDOWED DIVORCED [7] 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Tilshmanton Md. U.S.A Housewife Home 13. FATHER'S NAME ofter 14 MOTHER'S MAIDEN NAME Laura Potterfield Elias Smith 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT None Mrs. Gustavus Caplett Downsville Md. 18. CAUSE OF DEATH [Enter only one cause pe (a) (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Candilions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while al wark 🔲 al work attended the deceased from 21. I certify thatthat I last saw the deceased and that death occurred at 24 30 PM, from the causes and an/the date stated aleave. alive an. ADDRESS (Street, city or layer, state) DATE SIGNED ACTUAL SIGNATURI PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Manor Cemetery Near Tilghmanton Md. 23 PUNERAL DIRECTOR'S SIGNATURE 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, D FUNERA RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. TO FUNERA REC 23. FUNERAL DIRECTOR'S SIGNATURE
W. J. HARLING 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

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	%9°'0	CERTIFICA	AIE OF DEATH	H		Reg. Dist. I	til Aγι	ж		
1	PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (WI 0. STATE MARY		lived. If institution b. COUNTY	ASHINO	TON	ssion)		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and are appared foun) HAULHO TUWN	LIFE	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) HAGLRSTOWN							
,	d NAME OF HOSPITAL (IF not in hospital, give street WASHINGTON COUNTY HOS		d. street address 241 S. Li	OCUST	ST.		ON	A FARM?		
3	NAME OF DECRASED (Type or print) CORA	M. UNC	Lost ER	4. DATE OF DEATH	FEBRU		Doy	Year 19 5		
\$	SEX 6. COLOR OR RACE 7 MARR FEMALE WHITE WIDOWE		B. DATE OF SIRTH 11/1/1878	8	9. AGE (In years lost birthdoy) 79 yrs.	IF UNDER LYE Months Day	AR IF UNI	DER 24 HF		
	o. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	MARYLAI	ND	ountry)	12. CITIZEN	S.A			
13.	MARTIN L. UNGER		NANCY	name ENTLE:	R FOUKF					
15 (Y	as, na _m ar unknown) { (If yes, give war or dates of service)		IR. RALPH I	HIGGS	HAGM	BTOWN				
	18. CAUSE OF DEATH [Enter only one couse per lir PART I DEATH WAS CAUSED BY; !MMEDIATE CAUSE (a)	e for (a), (b), and (c).]	heard of	mil	un	O	NTERVAL E	D DEATH		
	Conditions, if any, which) (b) A	luisele	enter!	Hear	I de	Lym	cen	1cm		
-	gave rise to immediate couse (a), stating the under- lying cause last. (c)	neraly	el anti	in	meler		Un,	Kn		
CATION	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERMI	INAL DISEASI	CONDITION GIV	EN IN PART 1(o	19 WAS PERF	ORMED?		
L CERTIF	206. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED), (Enter noture of injury in	Port I or Part	If of item 18)					
MEDICA	20c TIME OF INJURY Month, Day, Year 20d In Hour a. m. 19 While of work	Not while foc	ACE OF INJURY (Home, form tary, street, office bldg., etc.	n, 20f. (City	or town)	{Coun	y)	(Slot		
	21. I certify that I ottended the decease olive on 44, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19		occurred at 3 / J 2			that I lost				
	ACTUAL L. L. Par.	Kent		ADDRESS (St	reel, city or lown,			PATE SIGN		
	PHYSICIAN'S L. L. PAC	- Ken Jo	2 1/2	m-	low] //	71:			
224	BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCAT	ION (City, town, o	r county)	(Sto	ste)		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18													
		25	528		CERTI	FICA	ATE OF D	DEATH	1		Reg. Dist. No.	302511)
1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY MARYLAND													
b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16							Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
/	RURAL and give ne	rarest tawn)	13, 47110		vears	114 10				gre minis, write ko	KAL and give nea	resi town)	
		AL (If not in hospital, g	ive street		years		d. STREET A	Hagers DDREss	POWII			. IS RESIDENCE	
		nvalescent					/54 W.	Frank	clin S	treet		YES NO K	3
3. N	AME OF ECEASED	Fir	'sł		Middle		Las	t	4. DATE OF	Month	Dog	Year	
(1	ype or print)	CLARINE			V.		WARNER		DEATH	February		19 58	
5 . St		6. COLOR OR RACE	7. MARR	RIED 🔲 NI	EVER MARRIE	ED 🗍	B. DATE OF BIRTI	Н			FUNDER 1 YEAR Months Days	HOUES Min	\$
	'ema l\$	White	WIDOWI		DIVORCE			1860		97 70.	9 1		
100.	during most of work	DN (Give kind of work ing life, even if retired	done 10b.	KIND OF	BUSINESS O	R INDU			-		12. CITIZEN O	WHAT COUNT	RY7
12.5	Housewife	2						rstown		yland	U,	S.A.	
la. r	ATHER'S NAME						14 MOTHER'S						
16 V		eorge Bloom		SOCIAL SI	ECURITY NO	117 1	NFORMANT	Car	coline	Shoop	**		
[Yes.	no or unknown)	If yes, give war or dates of s	BLA1CO		ECONIT NO		Mrs. Cla	rina (la remon		" stown. i	anuland	
	no l	TH [Enter only one co		none	(6) (-)		// O1a.	THIE (1011	g Hager		RVAL BETWEEN	
		TH WAS CAUSED BY:		it	cuo	- 7	Clino	tic	Nea	A De	R ONS	5 41	2 ,
	1000	DUE TO							, ,	·		I	
	Conditions, if a)										
Ш	cause (a), stating)										
z	lying couse lost.) (c		CONTRIBUTION	PINIC TO OF	ATLI BUIT	NAT DELATED TO	THE TENAM	LAL MICEAGE	COMPTONICUE	1	ALLE ALIZODES	
CERTIFICATION	HOIV	IER SIGNIFICANT CON	באים אים	UST KIBU	A S	AIH BUI	NOI RELATED TO) THE LEKWII) J	MAT A	N IN PARE I(0)	PERFORMED?	
TFIC	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of I term 18)												
CER	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			/			, ,					
CAL	20c TIME OF INJUR	Y Month, Day, Ye	ar 20d 1	NJURY OC	CURRED	20e. PL	ACE OF INJURY	Home, form,	20f. (City	or town)	(County)	(State	e)
MEDICAL	Hour g.m.	19	While of wor	k 🔲 at w	while ork	fai	clory, street, office	e blog., etc.					
	21. I certify th	at lyattended the	deceas	ed from	Ju	nl	15 195	7. 1a 7.	26-	7. 1953	that I last sa	w the decea	sed
	alive an	ext. 6,	19.4	18	and that	death	accurred at	419	JM, fran	the causes ar	d an the dat	e stated aba	ıve.
П	ADDRESS (Street, city) or town, state) DATE SIGNED												
	SIGNATURE STATES THE MD. Clear Afring 1 d. 4/7/2									5.2			
	PHYSICIAN'S NAME (Type)	David	R.	B	ren	10	>			/ /			
22a.	BURIAL, CREMATIO REMOVAL (Specify)	N, 225. DATE THEREC)F	22c. NA	ME OF CEM	ETERY O	R CREMATORY		22d LOCAT	TON (City, town, or	county)	(State)	
	Burial	2/10/19	58		ose Hi	11 (Cemetery			rstown, M			
² St	HALL HREETS	r Funeral	Home		retown	, M	hee fame		BY REGIST	RAR 24b REGIST	RAR'S SIGNATUR	E	
	R. Franklin Page. Hagerstown, Maryland DATE FEB 1 0 '58												



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CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) O. STATE MARYT, AND b. COUNTY ASHINGTON o. COUNTY MARYLAND WASHINGTON c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ORD Give Person town YRS. HAGERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? COUNTY HOSPITAL ROESSNER AVE. YES NO NAME OF 4. DATE First Middle Lost Month OF DEATH FEBRUARY 1958 (Type or print) NILE ${
m WFBB}$ SR P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday)

Months Days Hours Min 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH Days Hours 65yr MALE WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CHURCH PENNSYLVANTA U.S.A. RETTRED MINISTER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES WEBB LENORA DECKER 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT A TRACEPSTOVN NO nown) 214-14-7950 MRS. ANNA B. WEBB MD. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), and (c)] PART I DEATH WAS CAUSED BY: 1-621 IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which 60 gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES 12-HO 1 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f (City or town) (State) (County) factory, street, office bldg, etc.) Hour o m. While Not while of work of work 195 that I last saw the deceased 21. I certify attended the deceased fram and that death accurred at JOHM, from the causes and an the date stated above. alive an. ADDRESS (Street, aily tr town fale) DATE SIGNED ACTUAL SIGNATURE Hirshman, M.D. 159 W. Washington St., Hagerstown, Maryland. PHYSICIAN NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, fown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) CUMBERLAND HILLCREST **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 246 REGISTRATES SIGNATURE FEB 5 DATE

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TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained by the hospital or attending physician. TO FUNERAL RECTOR: After this certificate lias belief signed by the attending linksician and completely filled.	page 3 show be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with	the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.
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			ALE OF DEATH					Reg. Dist. No.							
1	1. PLACE OF DEATH COUNTY WASHINGTON MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON								
,	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) FUNKSTOVN					c. CITY OR TOWN (If outside corporate limits, write ZYEARS FUNKSTOWN						RURAL and give nearest town)			
)		d. NAME OF HOSPITA OR INSTITUTION 29 CEM	address)	d street address 29 CEMETERY S			ERY ST	ST.			IS RESIDENCE ON A FARM? YES NO				
		NAME OF DECEASED (Type or print)	LOUIS		MARTIN WEI		LBACHER 4. DA		4. DATE OF DEATH	OF DEATH 2		I.		Year 19 58	
		IALE	WHITE	WIDOWE	Lak	RCED 🗍	AUG	I J	[889		9 AGE (In years last by thday) yrs	IF UNDE Manths	Days	Haurs	Min.
	10a	CARPEN TER	i (Give kind of work on glife, even if retired	done 10b.	KIND OF BUSINES SHIP YARI		STRY		JERSI		untry)		TIZEN C		COUNTRY
	13. FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME UNKNOWN														
	15 Yes	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dotes of v	everel .	SOCIAL SECURITY 52-07-747				REENE	I4I	5 OAK 11	TEE RO	OAD		
k	CERTIMICATION	Conditions, If any gave rise to Imcaese (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO y, which) (b mediate (, 0	rter	ier	Pan			Herry Jelonal DISEASE		VEN IN PA	ONS	PERFO	DEATH
	_	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20g. TIME OF INJURY	MEDICAL EXAMINER)		CRIBE HOW INJUR			er nature of					(County)		(State)
	MEDICAL	Hour a.m.	19	While of wor	Nat while			treet, office				-6-			
		21. I certify that I attended the deceased from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
	200	PHYSICIAN'S NAME (Type)	510/W	五〉		IEN			<u>N</u>						
		BURIAL, CREMAT ON REPORT ALE	2/17/58	(RK BAY			Y	JERSE		HUDS		N.J	
	23.	FRED W. KR		HAGE	ADDRESS RSTOWN . MI	D.				B 2 0 15	1 1 3	ISTRAR'S SI	GNATH	RÉ	



BUREAU V. E.

hours

ATTENDIN

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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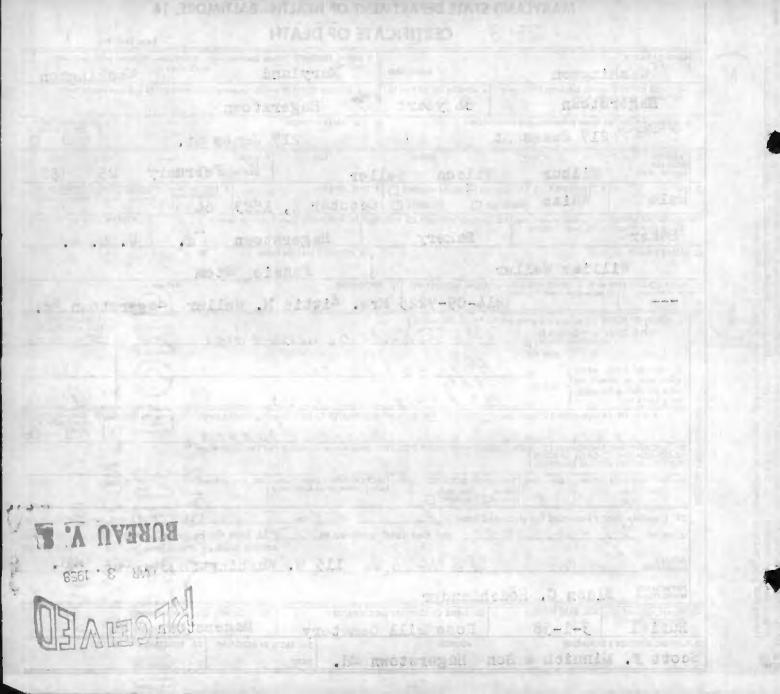
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2598 CERTIFICATE OF DEATH

02514

Reg. Dist. No.

1. Place of Death o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) b. COUNTY Washington							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown).	64 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown							
d. NAME OF HOSPITAL (If not in hospital, give struction 217 James 9	eet oddress) St	d. STREET ADDRESS 217 Jame	s St.	e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print) Wilbur		lost 4. DATE OF DEATH	February 2	Day Year 5 1958					
MAIA Whita	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 1893 9	AGE (In years lost birthdoy) Months Day	AR IF UNDER 24 HRS. Hours Min.					
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEKEP 13. FATHER'S NAME	Bakery	Hagerstown	d. U.	S. A.					
William Welle	179	14. MOTHER'S MAIDEN NAME	m						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?		Fannie S	t em Address						
(Yes, no, or unknown) [If yes, give wer or detec of service]	214-09-9225 M	Tr	ller Hagers	town Md.					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Q 2 e b 2 l he m 0 2 r hege									
Conditions, if any, which) (b) Hyberten 5/12									
gove rise to immediate code (a), stating the under-	Azturio	sclezusii		1/2623					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) A 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTION CONTR									
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II	of item 18.)						
d Hour a.m. Wh	d. INJURY OCCURRED nile Not white for work of work	ACE OF INJURY (Home, form, 20f. (City o ctory, street, affice bldg., etc.)	r lown) (Coun	ty) (Stote)					
21. I certify that I attended the dece	eased from Lan	, 1958, 10 25/F	L., 19 5 Tithat I last	saw the deceased					
active on 25 - 14 19	Hodland	occurred at 10 13M, fram ADDRESS (Sired M.D. 115 W. Washir	et, city or town, state)	date stated above. DATE SIGNED					
PHYSICIAN'S Eldon G. Hos	achlander								
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3-1-58	Rose Hill		erstown Md	(Stote)					
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & S	ADDRESS	240. REC'D BY REGISTRA		TURE					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02515 2530 **CERTIFICATE OF DEATH** Reg. Dist. No. with directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Washington filed Washington MARYLAND Maryland deoth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 uneral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should Maugansville Vrs. Maugansville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Rural Delvy. Č. Rural Delvy. YES NO pup NAME OF First Middle Last 4. DATE Month Day Year DECEASED filled WILHIDE FIDGAR JACOB DEATH Feb. (Type or print) 1958 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years completely lost birthday) Months Dovs Hours Min Aug 30,1888 Male White DIVORCED | WIDOWED | YES papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY? Frederick County.Md. U.S.A. Dairy Dairv after 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate John D.Wilhide Rosy Helen Fox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No 217-32-5624 Mildred L.Fuss 351 Central Ave. Hagerstown . Md. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ₻ PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO 5 mit. Conditions, if ony, which een signed gove rise to immediate per **DUE TO** casse (a), stating the underlying couse lost. buriaf-transit PARK II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19, WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work D. m. 21. I certify that I attended the deceased from ...that I last saw the deceased alive on 22 te and that death occurred LM, from the couses and on the date stated above RECTOR; ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL pe 0 O HOSPITAL PHYSICIAN'S NAME (Type) FUNE age 3 220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Stotel page REMOVAL (Specify) Rest Haven Cemetery Hagerstown Md. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 1601 Penna. Ave 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Haven Funeral Chapel Inc. Hagerstown, Md. DATE

DESTRICTED OF DEATH

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BUREAU V. E.